



ANNUAL REPORT - DEPARTMENTAL DATA

STATE FORM 46241 (R/11-98)



DO NOT FAX PLEASE TYPE OR PRINT CLEARLY DO NOT FAX

Section 1: THE FOLLOWING INFORMATION IS USED TO MAINTAIN A STATEWIDE DATA BASE FOR TRACKING ANNUAL INSERVICE TRAINING. THE IDACS OR ORI NUMBER IS USED AS EACH DEPARTMENT'S ID NUMBER. PLEASE RESUBMIT WHENEVER ANY INFORMATION IN SECTION 1 CHANGES.

DEPARTMENT NAME	IDACS / ORI NUMBER
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SPECIAL INSTRUCTIONS: SELECT THE APPROPRIATE BOX FROM THE BOXES BELOW. "TOWN (Metro)" REFERS TO THOSE TOWNS THAT HAVE A BOARD OF METROPOLITAN POLICE COMMISSIONERS. IF "OTHER", PLEASE DESCRIBE IN COMMENTS SECTION.

<input type="checkbox"/> CITY	<input type="checkbox"/> COUNTY	<input type="checkbox"/> STATE	<input type="checkbox"/> TOWN	<input type="checkbox"/> TOWN (Metro)	<input type="checkbox"/> AIRPORT
COLLEGE / UNIVERSITY: <input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> SCHOOL		<input type="checkbox"/> RAILROAD	<input type="checkbox"/> OTHER

ADDRESS

CITY COUNTY STATE ZIP

AREA CODE PHONE FAX REPORT PREPARED BY (TYPE OR PRINT NAME) DATE MM-DD-YY

SPECIAL INSTRUCTIONS: LIST THE CHIEF EXECUTIVE OFFICER (CEO) AND THE PRIMARY TRAINING COORDINATOR (PTC) FOR CONDUCTING AND REPORTING TRAINING. IF THE CHIEF EXECUTIVE OFFICER ALSO SERVES AS THE PRIMARY TRAINING COORDINATOR, PRINT "SAME" IN THE LAST NAME BOX FOR THE PTC.

CEO	LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	TITLE
PTC	LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	RANK

* THE SOCIAL SECURITY NUMBER OF THIS INDIVIDUAL IS BEING REQUESTED AS AN EXCHANGE OF INFORMATION BETWEEN AGENCIES, PROVIDED FOR BY IC 4-1-6-2. DISCLOSURE IS NECESSARY TO FULFILL A STATUTORY MANDATE AND CONFIDENTIALITY OF THE SOCIAL SECURITY NUMBER WILL BE MAINTAINED BY THE LAW ENFORCEMENT TRAINING BOARD AS PROVIDED BY LAW.

Section 2: THE FOLLOWING INFORMATION IS USED TO VERIFY THE NUMBER OF ANNUAL INSERVICE TRAINING REPORTS SUBMITTED EACH YEAR, AND TO COMPILE STATEWIDE EEOC DATA. THIS INFORMATION IS ONLY NEEDED ONCE A YEAR AND DOES NOT NEED TO BE UPDATED AS DOES SECTION 1.

DEPARTMENT STRENGTH	FULL TIME	PART TIME	RESERVE STATUS	EEOC CLASSIFICATION FOR SWORN FULL/PART-TIME OFFICERS ONLY (Do not include Reserve Officers or Civilian Personnel in these totals.)							
				MALE	FEMALE	AMERICAN INDIAN	ASIAN AMERICAN	BLACK	HISPANIC	WHITE	OTHER
CAPTAINS AND ABOVE INCLUDING CHIEF OR SHERIFF											
LIEUTENANTS											
SERGEANTS (ALL GRADES)				COMMENTS BY REPORTING AGENCY							
CORPORALS											
NON-RANKED OFFICERS											
TOTAL NUMBER OF SWORN OFFICERS											
DEPARTMENT STRENGTH	FULL TIME	PART TIME	TOTAL CIVILIAN								
JAIL OFFICERS											
COMMUNICATION OFFICERS											

SECTION 3: DO NOT WRITE BELOW THIS LINE - FOR LETB USE ONLY - DO NOT WRITE BELOW THIS LINE

SEND COMPLETED FORM TO: EXECUTIVE DIRECTOR LAW ENFORCEMENT TRAINING BOARD POST OFFICE BOX 313 PLAINFIELD, IN 46168-0313
